						•				
	in this information to identify your control and sustain Mitch	ase: nell Raderstorf								
	otor 2	ion riadorotori			_					
	ted States Bankruptcy Court for the	e: SOUTHERN DISTRIC	CT OF OHIO							
Ca	se number 2:15-bk-51801					Check if this is:				
(If ki	nown)					An amende A supplement 13 income	ent sh	owing		
0	fficial Form B 6I					MM / DD/ Y	YYY			
S	chedule I: Your Inc	ome								12/13
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili or spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse ide infor	is li mat	ving with you, inclion about your sp	lude i: ouse.	nforma If mor	ation abou e space is	t your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or no	on-filir	ng spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emple	☐ Employed			
	attach a separate page with information about additional	Employment status	□ Not employed			☐ Not employed				
	employers.	Occupation	Procuring Tech	nician						
	Include part-time, seasonal, or self-employed work.	Employer's name	Abbott Corpora	tion						
	Occupation may include student or homemaker, if it applies.	Employer's address	Corporate Payro Dept 0365, Bldg 200 Abbott Park Abbot Park, IL 6	147 Rd						
		How long employed to	here? 4yrs/Wo	eekly						
Pa	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	spac	e. Incli	ude your no	n-filing
	ou or your non-filing spouse have me e space, attach a separate sheet to		ombine the informatio	on for all	emp	loyers for that pers	on on	the lin	es below. If	you need
						For Debtor 1	_		or 2 or g spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,952.00	\$_		N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$		N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,952.00	\$		N/A	

Debi	tor 1	Justin Mitchell Raderstorf	ı	C	ase number (if known)	2:1	5-bk-518	301	
	Con	vyline 4 hore	4.		For Debtor 1		or Debtor on-filing s	pouse	
	Сор	y line 4 here	4.	,	\$ 3,952.00	Ψ_		N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 1,014.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$_		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$_		N/A	-
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.		\$ 444.21 \$ 149.20	\$ _		N/A N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.00	\$		N/A	-
	5g.	Union dues	5g.		\$ 0.00	\$		N/A	≘
	5h.	Other deductions. Specify: Disability/Life Insurance	5h		\$ 10.05	+ \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	1,617.46	\$		N/A	-
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	·	\$		N/A	=
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c. 8d. 8e.		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		N/A N/A N/A N/A N/A N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/A	\
				_			$\overline{}$		<u> </u>
10.		•	10. \$	B	2,334.54 + \$		N/A	= \$	2,334.54
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						\$	2,334.54
13.	Combined monthly income 3. Do you expect an increase or decrease within the year after you file this form? No.								
		Yes. Explain: 401(k) Loan Repayment Reduces by \$290.94 in 8	Mon	ths	s from 3/25/15.				
		401(k) Loan Repayment Ends After 19 Months fro	om 3/	<i> </i> 25	/15.				

Fill	in this information	to identify y	our case:					
Deb	otor 1 Ju	stin Mitch	ell Radeı	rstorf		Che	eck if this is:	
							An amended filing	
Deb	otor 2							wing post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bankruptcy	Court for the:	SOUTH	IERN DISTRICT OF OHIC)		MM / DD / YYYY	
Cas	se number 2:15-b	k-51801						or Debtor 2 because Debtor
(If k	nown)						2 maintains a sepa	arate household
0	fficial Form	B 6J						
	chedule J:		_ Exper	nses				12/13
Be info	as complete and	accurate as space is ne	possible eded, atta	. If two married people a ach another sheet to this	re filing together, b form. On the top o	oth are ed f any addi	qually responsible t tional pages, write	or supplying correct your name and case
		Your House	hold					
1.	_							
	No. Go to line							
	☐ Yes. Does De	btor 2 live	ın a separ	ate household?				
	□ No □ Yes. □	ebtor 2 mu:	st file a se	parate Schedule J.				
2.	Do you have dep	pendents?	■ No					
	Do not list Debtor and Debtor 2.	· 1	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the							□ No
	dependents' nam	es.						☐ Yes
								□ No
								☐ Yes ☐ No
								□ No □ Yes
								□ No
								☐ Yes
3.	Do your expense			No				33
	expenses of peo yourself and you		han $_{oldsymbol{\sqcap}}$	Yes				
	yoursen and you	ır depende	nisr					
				ly Expenses				
exp				uptcy filing date unless y by is filed. If this is a sup				apter 13 case to report of the form and fill in the
the				government assistance cluded it on Schedule I:			Your exp	enses
,σ.								
4.	The rental or ho payments and an			ses for your residence. or lot.	Include first mortgag	e 4.	\$	442.50
	If not included in	n line 4:						
	4a. Real estate	taxes				4a.	\$	0.00
	4b. Property, h	omeowner's	s, or renter	's insurance		4b.	· -	45.00
				upkeep expenses		4c.		0.00
_				dominium dues		4d.		0.00
5.	Additional morte	nage paymo	ents for vo	our residence. such as ho	me equity loans	5.	Si	0.00

Official Form B 6J Schedule J: Your Expenses page 1

Debtor	1 Justin Mitchell Raderstorf	Case number (if known)	2:15-bk-51801
6. U	tilities:		
68		6a. \$	190.00
6k	o. Water, sewer, garbage collection	6b. \$	45.00
60	c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00
60	d. Other. Specify:	6d. \$	0.00
7. F c	ood and housekeeping supplies	7. \$	354.04
8. C	hildcare and children's education costs	8. \$	0.00
9. C	lothing, laundry, and dry cleaning	9. \$	90.00
10. P	ersonal care products and services	10. \$	50.00
11. M	ledical and dental expenses	11. \$	115.00
	ransportation. Include gas, maintenance, bus or train fare.		202.00
	o not include car payments.	12. \$	393.00
	ntertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
	haritable contributions and religious donations	14. \$	0.00
	surance.		
	o not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance	15a. \$	0.00
	5b. Health insurance	15a. \$	0.00
		15c. \$	0.00
	5c. Vehicle insurance	15d. \$	85.00
	5d. Other insurance. Specify: axes. Do not include taxes deducted from your pay or included in lines 4 or 20.	гои. ф	0.00
SI	pecify:	16. \$	0.00
	estallment or lease payments:	47- h	• • •
	7a. Car payments for Vehicle 1	17a. \$	0.00
	7b. Car payments for Vehicle 2	17b. \$	0.00
	7c. Other. Specify:	17c. \$	0.00
	7d. Other. Specify:	17d. \$	0.00
	our payments of alimony, maintenance, and support that you did not report a educted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	s 18. \$	0.00
	ther payments you make to support others who do not live with you.	\$	0.00
	pecify:	19.	0.00
	ther real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>		
	Da. Mortgages on other property	20a. \$	0.00
20	Ob. Real estate taxes	20b. \$	0.00
20	Oc. Property, homeowner's, or renter's insurance	20c. \$	0.00
	Od. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20	De. Homeowner's association or condominium dues	20e. \$	0.00
	ther: Specify: Pet Expenses	21. +\$	50.00
	our monthly expenses. Add lines 4 through 21. he result is your monthly expenses.	22. \$	2,119.54
	alculate your monthly net income.		
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,334.54
	3b. Copy your monthly expenses from line 22 above.	23b\$	2,119.54
23	3c. Subtract your monthly expenses from your monthly income.	23c. \$	215.00
	The result is your monthly net income.	200. Ψ	213.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes. Explain:

By the time \$290.94 of Debtor's 401(k) Loan Payment Completes, Debtor anticipates that his cloathing/dry cleaning budgett will increase by approximately \$61.00 per month once he moves away from waring lab unifirms and into business dress for his continued employment. Furthermore, Debtor anticipates that is out of pocket medical expenses to cover out of pocket expenses related to his diabetes will also increase by approximately \$150 per month within the next 6 months.